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PTO/SB/21 (09-04)  
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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

3

Application Number 10/702,194

Filing Date November 4, 2003

First Named Inventor Stephen Solomon

Art Unit Not yet assigned

Examiner Name Not yet assigned

Attorney Docket Number 76558-012

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Proskauer Rose LLP		
Signature			
Printed name	Tiffany A. Levato		
Date	May 16, 2005	Reg. No.	50,160

### CERTIFICATE OF TRANSMISSION/MAILING

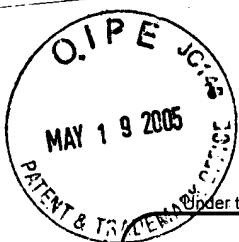
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Typed or printed name	Breda Donovan	Date	May 16, 2005

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6495/11155-006 NYLIB1/1871708v1



PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/702,194
Filing Date	November 4, 2003
First Named Inventor	Stephen Solomon
Art Unit	unknown
Examiner Name	unknown
Attorney Docket Number	76558-012

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

21890

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

21890

**OR**☐ Firm or  
Individual Name

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Country

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Aspiration Medical Technology LLC, by Stephen Solomon

Date

3/25/05

Telephone

212 767-7500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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6495/76558-010 NYLIB1/1868174v1

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Moshe Shike, Stephen Solomon and Sam Klein

Application No./Patent No.: 10/702,194

Filed/Issue Date: November 4, 2003

Entitled: FOOD EXTRACTION APPARATUS AND METHOD

Aspiration Medical Technology LLC

, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
- OR
- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
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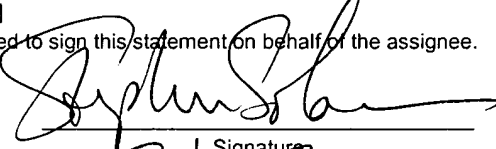
☐ Additional documents in the chain of title are listed on a supplemental sheet.☒ Copies of assignments or other documents in the chain of title are attached.

**(NOTE:** A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

3/25/05

Date

  
Signature  
Stephen Solomon  
Name  
Director  
Title

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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